U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LLI BEFORE FREFARING INIS REFORT.
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1. File Number U - Kan A - A - A - A - A - A - A - A - A - A	2. Fiscal Year Covered From:
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A Name and address of the control of	1 2004 Through: 12 31 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Greg9	Name Chicago Regional Council of Carpenters
	Labor Organization File Number 001-949:
P.O. Box, Bldg., Room No., if any Suite E	P.O. Box, Building and Room Number, if any
Street 2460 West: Main Street	Street 12 East Erie
Ciby St.: Charles	City Chicago
State Illinois ZIP Code + 4 60175	State Illinois ZIP Code + 4 60611
5. Position in labor organization. Business Rep / Recording Sec.	- Local # 2087
	usions set forth in the instructions):
A. Held an Interest in, engaged in transactions (including loans) with, or monetary value from an employer whose applications your expensival	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat	7.a. Nature of Interest, Transaction, or Income.
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6. Name and address of Employer (Including trade name, if any). Name Trade Name, if any:	on represents or is actively seeking to represent.
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6. Name and address of Employer (Including trade name, if any). Name Production of Employer (Including trade name, if any). Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or income. Transaction Transa
6. Name and address of Employer (Including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information in a documents) has been examined by the signature and is in the beet of the law.
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Name of Person Filing Greg@Carroll	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Whitfield & McGann	Name of the last o			
Trade Name, If any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any Suite: 1501	c. Employer			
Street Two North LaSalle	S. Elliptoyo.			
Chy Chicago				
State Illinois ZIP Code+4 60602				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.			
Name	Received ham during the Holiday Season, 12/04.			
Trade Name, If any:				
P.O, Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$44			
City City	And a black of the state of the state of			
State ZIP Code + 4	12.a. Nature of interest nett of income received.			
	1 de la companya de l			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment			
(including trade name, if any).	[Prod 1: 1: 6 Abordon's company by many hands if first the tomore many persons in the mean many made has a great part of the production of			
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State State ZIP Code + 4	14.a. Nature of payment The state of the st			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Gregg A Car		File Number U-	
B. Held an interest in or derived income or economic benefit substantial part of which consists of buying from, selling or leg of an employer whose employees your labor organization report of the price from or selling or lead	with monetary value from a business (easing to, or otherwise dealing with the b presents or is actively seeking to represe	ent, or	
(2) any part of which consists of buying from or sening of red dealing with your labor organization or with a trust in which y 8. Name and address of Business (including trade name, if any	out labor organization to		
Name Carpenters Pension Fund of		rganization	
Trade Name, if any:	火b. Trust		
P.O. Box, Bldg., Room No., if any Po Boy 47	C. Employe	or .	
City LONEVA			
State / L ZIP Code + 4 6	0134 0470	Marco Confe	rence
State / L 10 If 9.b. or 9.c. is checked give trust or employer's name. Name Carpenters Pension Funda Trade Name, if any:	F / LLINOIS Edu Cati Palm 51	enal conference Prings 1-15-2004	
P.O. Box, Bldg., Room No., if any Po Box 4.	70 Registra	TION + Expenses	
Street 28 N FIRST ST	11.b. Approximate do	llar value of such dealing. # 279	5,00
City Geneur State JL ZIP Code + 46		est held or income received.	
	12.b. Amount.		
C. Received from any employer (other than an employ or from any labor relations consultant to an employer any p	yer covered under parts A and B abov payment of money or other thing of value	ve) e.	
13.a. Name and address of Employer or Labor Relations Con- (including trade name, if any).	44 - Noture of pays		
Name			
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P.O. Box, Bidg., Room No , if any			
Street			
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14.b. Amount of payment.

13.b. Is the Business an Employer

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ZIP Code + 4

or Consultant

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
			14.a. Nature of payment.
13.a. Name and address of Employer or	Labor Relations Consultant		
(including trade name, if any).			
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P.O. Box, Bidg., Room No , if any			
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13.b. Is the Business an Employer	or Consultant ?		
10.5. 10 0.0 555			

Name of Person Filing Gregg Carroll		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines ively seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any). Name Cerpenters Pension Fund of ILLINOIS Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 470 Street 28 N First ST City Geneva	9. Business deals with:	tion
10 If 9.b. or 9.c. is checked give trust or employer's name. Name Carpenters Pension Food of /// Noc Trade Name, if any: P.O. Box, Bldg., Room No., if any Po Box 470 Street 28 N FIRST ST	Educationa Registration	S CONFERENCE J CONFERENCE 8-26-04 + Expenses
City Geneva State 12 ZIP Code + 4 60/34 0470	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:	(
P.O. Box, Bidg., Room No , if any		
Street		

14.b. Amount of payment.

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or Consultant

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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Carpenters Pension Fundof Illini	a. Labor Organization
Trade Name, if any:	💢 b. Trust
P.O. Box, Bldg., Room No., if any 2800 VIFST POBOX 470	c. Employer
Street 28 N First ST	
city Geneva	
State / L ZIP Code + 4 60/34 04/70	
10 If 9.b. or 9.c. is checked give trust or employer's name. Name Carpenters Pension Fund of /LLINOIS	11.a. Nature of such dealing. LUNCHES at Quarterly Meetings DINNers For Quarterly Meetings
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Po Box 470	
Street 28 N FIRST ST	11.b. Approximate dollar value of such dealing. 269,00
City Geneva	12.a. Nature of interest held or income received.
State / L ZIP Code + 460/34 0470	
	12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)

C. Received from any employer (other than an employer covered under parts), the content of the c		
13.a. Name and address of Employer o (including trade name, if any).		14.a. Nature of payment.
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13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actival (2) any part of which consists of buying from or selling or leasing directly or incompart of which your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name ARIEL Capital Management Group	a. Labor Organization
Trade Name, if any:	🗽 b. Trust
P.O. Box, Bldg., Room No., if any Suite 2900	c. Employer
Street 200 EasT Randolph Drive	
City Chicago State // ZIP Code + 46060/ 6438	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Carpenters Retirement + Savings Tousi	11.a. Nature of such dealing. Golf OUT, ng + D, nner July 20 - 04
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P.O. Box, Bldg., Room No., if any Po Box 470	
Street 28 N First 57	11.b. Approximate dollar value of such dealing. 4 286.00
city Geneva 12	12.a. Nature of interest held or income received.
State / L ZIP Code + 460/34 0490	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
Deletions Consultant	14.a. Nature of payment.

C. Received from any employer (other trial) are employer covered under particular from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer of (including trade name, if any).			14.a. Nature of payment.
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City			
State	ZIP Code + 4	-	
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

		File Alumber II.	
Name of Person Filing Gregg A Carroll	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or inducting with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or lirectly to, or otherwise	s	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Goldberg Weisman + Cairo	🔀 a. Labor Organiza	ation	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any 34th Floor	c. Employer		
Street one East Wacker Dr			
City Chicago	*		
State / L ZIP Code + 4 6060/			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling. ealtrast + golf Balls	
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Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of mone)	der parts A and B above) by or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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City			
State ZIP Code + 4	. !		
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen	t	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date